

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25841
STATE FILE NUMBER
34

FILED AUG 1 1957

Registration District No.

314

Primary Registration District No.

4459

Registrar's No.

34

1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Clair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Osceola				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR Iconium	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Osceola Hospital				Length of stay in lb 8 days		d. STREET ADDRESS (If outside, give location) 930	
3. NAME OF DECEASED (Type or print) First Ura Middle Erban Last Scott				4. DATE OF DEATH Month July Day 16 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec; 21, 1901	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Gen; Store		11. BIRTHPLACE (City and state or country) St. Clair County Mo;		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Lee Scott				13b. MOTHER'S MAIDEN NAME Lydia Gilbert		14. NAME OF HUSBAND OR WIFE Mary Scott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 499-38-9273		17. INFORMANT Address Mary Scott, Iconium Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thromboses						INTERVAL BETWEEN ONSET AND DEATH 7 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 332X							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Death occurred at 9 July 1957, to 10 July 1957 and last saw him alive on 16 July 57 10:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. Lester M.D.				22b. ADDRESS Osceola Mo		22c. DATE SIGNED 7/18/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/18/57		23c. NAME OF CEMETERY OR CREMATORY Smith Bend		23d. LOCATION (City, town, or county) (State) Brownington Missouri	
24. FUNERAL DIRECTOR Godrich & Home - Osceola Mo				25. DATE RECD. BY LOCAL REG. 7-18-57		26. REGISTRAR'S SIGNATURE W. H. Seewers	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS JUL 21 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. B. Seale*

Licensed Embalmer No. *3038*
P. O. Address *Osceola, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.